

**Attachment C**  
***Long-Term Care Planning Grant Proposal***  
**WEST CENTRAL CONSORTIUM FOR**  
**LONG-TERM SUPPORT AND HEALTH CARE REFORM**

**APPLICANT ORGANIZATION AND CONTACT:** The planning partners of the West Central Consortium for Long-Term Support and Health Care Reform (WCC) for the Long-Term Care Planning Grant include:

- Six counties – Buffalo, Jackson, La Crosse, Monroe, Trempealeau and Vernon
- One Care Management Organizations for Family Care – La Crosse
- Group Health Cooperative-Eau Claire (GHC-EC)
- The Management Group, Inc. (TMG)

La Crosse is operating a managed long-term care program through their Family Care CMO, while the other five counties are operating traditional home and community-based waiver programs. The private partners include GHC-EC, a consumer-governed, cooperative HMO, and TMG, a company that offers a full range of products and services to support organizations delivering long-term care or integrated health, mental health/substance abuse and long-term care managed care services.

La Crosse County Department of Human Services has been designated the fiscal agent for the planning partners. The contact person will be Gerald Huber, Director of La Crosse County Human Services, 300 North 4<sup>th</sup> Street, La Crosse, Wisconsin 54603-4002. Phone: (608) 785-6095, FAX: (608) 785-6443, Email:

[huber.gerald@co.la-crosse.wi.us](mailto:huber.gerald@co.la-crosse.wi.us)

**PLANNING GRANT REQUEST:** The WCC is requesting \$250,000 to support the implementation of a regional managed long-term care system to include mental health/substance abuse (MH/SA) services, to begin phased implementation in the second half of 2006. The grant will also include the integration of primary and acute health care for some or all of the long-term care population to begin in La Crosse County in early 2007 and be phased-in to all counties by 2008. The implementation process will be facilitated by TMG and will focus on the following activities:

**Aging and Disability Resource Centers** – The partners will build upon the Aging and Disability Resource Centers (ADRC) in Jackson, La Crosse, and Trempealeau Counties and develop a regionalized ADRC as a single-point of entry system for persons living in the six-county region. The implementation process will

identify methods for consolidating some ADRC functions to obtain cost efficiencies, while making certain that the core service functions are available in individual counties. This regionalized ADRC will be a full-service center (including MH/SA) focusing on functional screening for Medicaid, coordination with local ESS units, prevention and wellness activities, emergency response, benefits counseling, long-term care options counseling, and information and assistance.

*Expansion of the Managed Long-Term Care Program* – Phased implementation of the managed long-term care program from La Crosse County to all counties in the WCC will occur by first including those in the long-term care waiver programs (the elderly and persons with physical disabilities (PD), developmental disabilities (DD), and persons with MH/SA needs) and those who would qualify for home and community-based slots under any of the State’s current Long-Term Care Reform programs, including the ICF-MR Downsizing Initiative and the Nursing Home Relocation Initiative. Given sufficient State funding, the home and community-based waiver waitlists would also be eliminated. The grant will support the design of a managed care model that will successfully integrate primary, acute, long-term care and MH/SA services through a public/private partnership that emphasizes the core strengths and services of the participating counties and planning partners, such as the counties’ care management capacity and the traditional HMO administrative/fiscal business functions.

*Regionalized Managed Care Organization* – The WCC and their planning partners will develop a single managed care entity that is able to receive both capitation and local funding for long-term care and MH/SA services, build a comprehensive provider network, plan and deliver consumer-centered care to all members, build or contract for all necessary administrative and financial support services, and successfully manage the financial risk across a multi-county region. Further, strategies will be identified to integrate primary and acute care services into the managed care organization, thus allowing for a full continuum of care for consumers and a system – through a shared risk pool – that assures that the appropriate services surround the person in a timely, coordinated and cost-effective way.

*Governance* – The WCC will emphasize the role of consumers and other key community providers and organizations throughout implementation. A Governing Board composed of consumer, county, and private partner representation will oversee the policies and operations of the region-wide managed care organization.

*Financial and Administrative Infrastructure* – A chief outcome of the implementation grant will be the development of a single, efficient platform to support the administrative functions for the regional entity. The financial functions of a complex, multi-county/service managed care organization will also be fully integrated across organizations. GHC’s experience in this specific area will be of significant value to the group.

*Information Systems* – The planning efforts will identify the information system barriers and requirements to operate a multi-county managed care organization and make recommendations to address the issues and recommend ways that counties, ADRCs and the managed care organization can produce and share needed, appropriate information.

*Consumer Profiles* – The implementation grant will also support the development of consumer profiles across the multi-county region, detailing the cost, utilization and type of service across Medicare, Medicaid and locally funded programs. These profiles will inform the entire process, including provider network development, financial and risk analysis and care management models.

**AREA:** The following chart details the area population and the estimated number of persons who would be served in an integrated, managed care program in the geographic region.

	Population (DOA Census)		COP and Waiver Programs (DHFS)			FC (DHFS)	SSI (DHFS)*	NH (DHFS)	COP/Waiver Wait List (DHFS)
	All	18+	Elderly	DD*	PD				
REGIONAL TOTALS	244,265	176,626	360	469	266	1,664	5,417	1,467	230

The population counts are derived from public data, available on State of Wisconsin web sites.

\*DD COP and Waiver and Non-Waiver SSI populations have been calculated based on reasonable assumptions about the available data. These assumptions should be reviewed before more detailed analyses are conducted.

**BACKGROUND:** Five of the counties in the proposed region are successfully operating Home and Community-Based Waiver Programs for persons eligible for long-term care services. La Crosse County has been operating a Family Care CMO for over five years that serves 1,670 older adults and persons with PD and DD in an at-risk, managed care structure. The experience and knowledge gained by the CMO will serve as a model for the expanded region and allow for the opportunity to plan a region-wide managed care organization that maximizes the core strengths and efficiencies of a public/private partnership. Health and long-term care services are being effectively coordinated for persons enrolled in the CMO. The implementation of an SSI managed care program throughout the region will allow for the sequenced integration of acute, primary, long-term care and MH/SA services for the target population. The WCC will work together to address identified challenges, including

involvement of multiple counties with differing methods of operation, multiple county boards, diverse IT structures, and current fragmentation of the LTC system. Collaboration by the WCC partners presents opportunities to take advantage of numerous shared strengths and resources, as well as multiple funding sources.

**PLANNING PARTNERS AND RESOURCES:** All of the planning partners will designate key executive staff to attend monthly meetings and contribute time and staff resources throughout the implementation process. La Crosse County has invested \$150,000 over the past two years on data analysis, review and search for an HMO partner, and planning for an integrated managed care program for persons with MH/SA needs. The WCC county partners will contribute at least \$127,500 cash toward the implementation process and GHC-EC will contribute \$75,000. Consumers and provider/service organizations will be invited to participate in the implementation process. Their value and focus will be in the development of recommendations for care management models, consumer self-direction and a quality management system.

**COORDINATION/INTEGRATION WITH CURRENT INITIATIVES:** This region-wide effort will build on the knowledge and structure of the ADRCs and the Family Care CMO. In addition, the implementation process will coordinate with the region-wide implementation of an SSI managed care program. The process will bring together these key structures and actively work toward a model that will allow consumers a full continuum of care across multiple services/payers. The goal is to design and implement an integrated, managed care program that will provide access to appropriate, timely services, a choice of providers, coordinated care management, maximize prevention, and deliver cost efficiencies.

**READINESS FOR MANAGED CARE:** The WCC has three ADRCs and a Family Care CMO with over five years experience in the delivery of managed long-term care services that provide a core of organizational expertise and a base from which to expand managed long-term care. The planning partners share common provider networks and the counties have partnered successfully on other initiatives, such as a multi-county project involving Buffalo, Jackson, and Trempealeau counties.

GHC- EC is a fully licensed, cooperative HMO that provides insurance coverage through commercial and Medicaid programs to 50,000 members in 29 counties throughout western Wisconsin. GHC-EC has the capacity to manage risk and oversee key financial functions within a managed care environment. GHC-EC will build upon their Medicaid managed care experience by expanding their program to the SSI-eligible population

(including dual eligibles), and by actively partnering with the counties in this region to design a managed care program that will provide a full array of acute, primary, long-term care and MH/SA services in a coordinated way. In addition, GHC-EC intends to apply for a Medicare Advantage SNP in early 2006. GHC-EC has engaged in an extensive series of planning meetings with La Crosse County in preparation for the implementation of the SSI managed care program.

The implementation of a region-wide system of managed long-term care services will build from the current Family Care platform(s) and begin a phased-in approach in 2006. The opportunity for a more fully integrated, managed care option (to include primary and acute care) for persons receiving long-term care and/or MH/SA services will be implemented first in La Crosse County in early 2007 and will be available region-wide by 2008.

### **BUDGET:**

Deliverables	Timeline
Project coordination	Feb 2006
Organizational structure	Apr 2006
Care management development /	May 2006
Planning-governance	May 2006
Resource Center development	Jul 2006
Managed Care model development	Jul 2006
Enroll SSI eligibles for primary/acute	Jul 2006
Data development	Sep 2006
Shared Information Systems	Sep 2006
Provider network development	Oct 2006
Risk management structure	Jan 2007
Enroll La Crosse MH	Jan 2007
Enroll La Crosse LTC	Jul 2007
Enroll consortium LTC	Jul 2007
Enroll consortium MH	Jan 2008
Enroll all other eligibles	Jan 2009

Partner	Contribution	
	In-Kind	Cash
5 counties	\$348,436	\$15,000
La Crosse Co.	\$366,987	\$112,500
GHC-EC	\$200,000	\$75,000
<b>Total</b>	<b>\$915,423</b>	<b>\$202,500*</b>

\* Represents commitment for a matching cash contribution at the rate of \$.70 per state dollar; this amount assumes receipt of the full grant request of \$250,000

Planning/Implementation Activities	Budget Request
Project Supervisor	\$104,448
Regionalized ADRC Expansion	\$101,610
Data Analysis	\$16,000
IT Modifications	\$15,000
Consumer involvement	\$7,000
Travel / Training / Incidentals	\$5,942
<b>Total</b>	<b>\$250,000</b>

**CLOSING:** The goal for the WCC is to build a fully integrated managed care program for frail elders and adults with developmental or physical disabilities who need long-term care and persons who need MH/SA services region-wide by 2008. This reform effort will establish a public/private partnership to include consumers, key provider/service organizations, counties, and HMO representatives in the planning and implementation process. This reform effort will build from the local knowledge of long-term care and MH/SA services, the experience of the Family Care program, along with the acute and primary care and administrative/fiscal capacity of a consumer-governed HMO. This broad reform will allow consumers to have all of their services and care needs planned, delivered and managed in a seamless, coordinated way, from one managed care organization to include counties, thus assuring a true community-based, quality-driven, cost effective care delivery system.